PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

20339 (BI -01171)

Effective October 1, 2003								(	درور		BLL.	<u> </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	ITITY	OR	OTHER SMALL	
	AL CLAIMS	<del></del> -	23				- • •	RATE	FEE		RATE	FEE
TOTAL CLAIMS			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
FOR			23 minus 20=		* 3			X\$ 9=		OR	X\$18=	54
TOTAL CHARGEABLE CLAIMS					* 0		1	X43=			X86=	
NDEPENDENT CLAIMS			3 minus 3 =			· 🗖	Ì		<del> </del>	OR		
MUL	TIPLE DEPEND	ENT CLAIM PR	RESENT				1	+145=		OR	+290=	U.S.
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		854
•••		AIMS AS A					SMALL	ENTITY	OR	OTHER		
		(Column 1)	<del> </del>		HEST	(Coldiniii S	Ť		ADDI-	]		ADDI-
IT A		CLAIMS REMAINING AFTER		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT A	Total	*	Minus	**	<u> </u>	= .		X\$ 9=		OR	X\$18=	<u> </u>
EN L	Independent	*	Minus	***		=		X43=		OR	X86=	
A	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	IT CLAIM		ل	+145=		OR	+290=	
								TOTA		4	TOTA ADDIT. FE	L F
ADDITION TO THE PARTY OF THE PA												
		(Column 1)	<del></del> -	HIG	umn 2) SHEST	(Column	7		ADDI-	7		ADDI-
8		REMAINING AFTER		PRE\	MBER /IOUSLY	PRESENT	<b>\</b>	RATE	TIONAL FEE	-	RATE	TIONAL FEE
AMENDMENT		AMENDMENT	10.00		D FOR		$\dashv$	X\$ 9=		OF	X\$18=	
N.	Total	*	Minus Minus	**		=	一	X43=		┪	V06-	1
AME	Independent	*  NITATION OF M			NT CLAIM	<del>'                                    </del>				-lo	`	+
ľ	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OF		
								TOTA ADDIT. FE	E	O	R ADDIT. FI	EE
	•	(Caluma 4)		(Co	lum <u>n 2)</u>	(Column	3)	•		· 		
_		(Column 1) CLAIMS		HI	GHEST UMBER	PRESEN	$\neg \neg$		ADDI-	•	RATE	ADDI- TIONA
		REMAINING AFTER		PRE	VIOUSLY AID FOR	EXTRA	1	RATE	TIONA FEE		- ANI	FEE
MEN.		AMENDMENT	Minus	**	101011	=		X\$ 9=		$\neg$	R X\$18	=   ^.
AMENDMENT	Total Independent	*	Minus	***		=		X43=		┨.	R X86	-
NA PARTIES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l'		7	'n		
-								+145		_ °	R +290	TAL
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  * ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate by											ADDIT. F	EE L
	If the "Highest the "Highest the "Highest the "Highest the "The "Highest No.	Number Previously umber Previously	y Paid For" IN TI Paid For" (Total	HIS SPA or Indep	CE is less to endent) is to	than 3, enter the highest n	"3." iumbe	er found in the		e box i	n column 1.	•
1	The Highest N	Unitide Freshousiy	(							•		